



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

APPLICATION FOR ANNUAL SWIMMING POOL- SPA/HOT TUB - BATHING BEACH OPERATING PERMIT

- ☐ APARTMENT
☐ CAMP
☐ CLUB

- ☐ COMMUNITY
☐ CONDOMINIUM
☐ MOTEL/HOTEL

- ☐ SCHOOL
☐ SPA
☐ OTHER (Specify) _____

APPLICATION TO OPERATE:
(Check all that apply)

- ☐ INDOOR
☐ SPA/HOT TUB

- ☐ OUTDOOR
☐ BATHING BEACH

- ☐ SWIMMING POOL
☐ WADING POOL

FACILITY

NAME (As it should appear on Permit)	TELEPHONE
STREET ADDRESS	TELEPHONE - MOBILE
CITY/STATE/ZIP	EMAIL ADDRESS
Permit Mailing Address	
STREET ADDRESS	
CITY/STATE/ZIP	

OWNERSHIP

INDIVIDUAL

INDIVIDUAL OWNER NAME

CORPORATION

CORPORATION NAME

NAME OF CORPORATION PRESIDENT

STREET ADDRESS

TELEPHONE

CITY/STATE/ZIP

EMAIL ADDRESS

PARTNERSHIP

PARTNERSHIP NAME

NAMES OF GENERAL PARTNERS

STREET ADDRESS

TELEPHONE

CITY/STATE/ZIP

EMAIL ADDRESS

FICTITIOUS

FICTITIOUS NAME

STATE OF REGISTRATION

STREET ADDRESS

CITY/STATE/ZIP

POOL MANAGEMENT COMPANY/CERTIFIED OPERATOR _____

DAYS AND HOURS OF OPERATION _____

TELEPHONE NUMBER OF POOL/SPA/BEACH _____

DATE

SIGNATURE OF OWNER/AGENT

Office use only

Rev. 02/03/2009

RECEIPT NO _____ PERMIT NO _____ DATE ISSUED _____